

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2008

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>7591</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Scott</u> <u>B</u> <u>Holly</u> P.O. Box, Bldg., Room No., if any _____ Street <u>10304 S. Plata Ave.</u> City <u>Mesa</u> State <u>Arizona</u> ZIP Code + 4 <u>85214-2399</u>	4. Name, file number, and address of labor organization. Name <u>Sheet Metal Workers Local Union 359</u> Labor Organization File Number _____ P.O. Box, Building and Room Number, if any _____ Street <u>2504 S. Adams St.</u> City <u>Phoenix</u> State <u>Arizona</u> ZIP Code + 4 <u>85034-1494</u>
5. Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Hold an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____

Signature

18. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/10/05
Date

602-527-0428

Telephone Number

Name of Person Filing Scott Holly	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Southwest Service Administrators**
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street **2400 W. Dunlap Ave. #250**
 City **Phoenix**
 State **Arizona** ZIP Code + 4 **85021-2811**

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Arizona Sheet Metal Trade Trust Funds**
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street **2400 W. Dunlap Ave. #250**
 City **Phoenix**
 State **Arizona** ZIP Code + 4 **85021-2811**

11.a. Nature of such dealing.

Attended as Trustee IFEEF 50th Annual Conference, New Orleans, LA.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner for 2.

12.b. Amount.

\$125

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street
 City
 State
 ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Southwest Service Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2400 N. Dunlap Ave. #250

City Phoenix

State Arizona ZIP Code + 4 85021-2811

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Arizona Sheet Metal Trade Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2400 N. Dunlap Ave. #250

City Phoenix

State Arizona ZIP Code + 4 85021-2811

11.a. Nature of such dealing.

Attended as Trustee IESOP 50th Annual Conference, New Orleans, LA

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Gift certificate

12.b. Amount.

\$92